

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Health  
Health Professional Licensing Administration (HPLA)



**Advisory Committee on Anesthesiologist Assistants**  
**BOARD OF MEDICINE**

**APPLICATION INSTRUCTIONS AND FORMS**  
**TO PRACTICE AS AN ANESTHESIOLOGIST ASSISTANT**  
**IN THE DISTRICT OF COLUMBIA**

Your interest in becoming licensed Anesthesiologist Assistant in the District of Columbia is welcomed. We look forward to providing you with expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. **Please be advised that giving inaccurate or incomplete information in this application can result in denial of your application and/or disciplinary action by the Board.** All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a license as an Anesthesiologist Assistant in the District of Columbia. Follow the instructions provided below and complete all sections required for your application type. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

**THE APPLICATION PROCESS**

Upon submission of the required application documents, the DC Advisory Committee on Anesthesiologist Assistants will review your application. Upon final approval, you will be issued a license to practice in the District of Columbia. The Advisory Committee on Anesthesiologist Assistants meets the third Friday of each month. Portions of these meetings are open to the public.

If you submit an application that is incomplete or otherwise deficient, HPLA's staff will notify you in writing of the deficiencies. If the Board has questions or concerns, you will also be notified.

**WHERE TO FILE**

Documents should be sent to the following address:

Department of Health  
Health Professional Licensing Administration  
Advisory Committee on Anesthesiologist Assistants  
717 – 14<sup>th</sup> Street, NW – Suite 600  
Washington, DC 20005

If you have any questions, call HPLA's Customer Service line at 1-888-204-6193 between 8:15 a.m. and 4:45 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures. The Board of Anesthesiologist Assistants will not review any application not completed in accordance with these instructions.

## APPLICATION TYPE:

**Endorsement** – In order to be licensed to practice as an anesthesiologist assistant by endorsement in the District of Columbia, an applicant must be currently certified as an anesthesiologist assistant by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization.

## SUBMITTING SUPPORTING DOCUMENTS

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit and pay the required fee once again.

## GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for an Anesthesiologist Assistant license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents;
4. Please submit two (2) identical; recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and Social Security Number. Photos will be placed on the pocket license.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
6. Official transcript(s) mailed directly from all Anesthesiologist Assistants Schools attended.
7. Document of current certification from NCCAA

## COMPLETING THE LICENSE APPLICATION

### Section 1. Requested License Type / Fees

You may order up to five (5) duplicate licenses (for a \$34 fee each, etc.). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

Total your fees.

You must pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to **DC Treasurer Inc.** and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

## FEE MATRIX

License Type	Application Method	Application Fee	License Fee	Total Due
AA	Endorsement	\$85	\$145	\$230

\*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$85.00 will be imposed for dishonored checks (Public Law 89-208).

DC Anesthesiologist Assistants licenses expire on December 31 of even numbered years. **Your initial license will be valid for the balance of the current renewal cycle.** You will be mailed a renewal notice (to your preferred contact address) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. Renewal is also available online at [www.dchealth.dc.gov](http://www.dchealth.dc.gov). You should know that you are required by regulation to report all changes of your business or residence address to DOH/HPLA, Advisory Committee on Anesthesiologist Assistants. HPLA will update the address change in your database record. Requests for address change should be made within 30 days of the change via a letter. Send the letter to DOH/HPLA, Advisory Committee of Anesthesiologist Assistants at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

### Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license.

### Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to DOH/HPLA, DC Advisory Committee on Anesthesiologist Assistants.

Place an "X" in the "NO" box for each item that does not apply for the license type for which you are applying. Keep a photocopy of all supporting documents (that are not in sealed envelopes) for your records.

### Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

### Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

### Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed. Indicate if you prefer to use email where possible – and provide an email address for this communication.

## **Section 6A. Professional Schools Attended**

List all Anesthesiologist Assistant schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received AA degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application. Some universities' policies may require sending the transcript directly to the DC Advisory Committee on Anesthesiologist Assistants, but it is preferred that it accompany the license application.

## **Section 6B. Postgraduate Experience**

List all experience since graduation from professional school in reverse chronological order, beginning with the most recent at the top.

## **Section 6C. Professional Licenses in Other States/Jurisdictions**

List all jurisdictions in which you have ever been licensed as an Anesthesiologist Assistant.

If you were ever are licensed in another jurisdiction, a statement of good standing must be submitted directly to the DC Advisory Committee on Anesthesiologist Assistants by the applicable state boards.

## **Section 7. Screening Questions**

If you answer "yes" to questions A through K, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

## **Section 8. Licensee Affidavit**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

## **ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA's website at [www.dchealth.dc.gov](http://www.dchealth.dc.gov) or call HPLA's Customer Service at 888-204-6193. The forms the make up this package are:

Anesthesiologist Assistants, Municipal Regulations  
Anesthesiologist Assistants, New License Application  
Anesthesiologist Assistants, New License Instructions

## **SUMMARY OF LICENSURE REQUIREMENTS**

The following chart shows the licensure requirements for all application methods. The law governing Anesthesiologist Assistant licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing Anesthesiologist Assistants licensure are included in *DC Municipal Regulations Title 17, Chapter 66*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health – Health Professional Licensing Administration, Board of Anesthesiologist Assistants if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

# SUMMARY OF Anesthesiologist Assistants LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application for License	Two 2" x 2" Photos	One (1) clear photocopy of a <u>government issued photo ID</u>	Official Transcript from AA school attended	Current certification from NCCAA	Verification of Licensure	Check or Money Order
AA	Endorsement	X	X	X	X	X	X	\$230

X = Required

O = Not required